



**Extension—Request for Access  
Hillsborough County  
Extension of Time to Respond to  
Request for Access to Protected Health Information (PHI)**

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**Directions:** This form is to be used to notify an individual that Hillsborough County may require an extension of time to respond to a request for access to protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: \_\_\_\_\_

Individual's full name: \_\_\_\_\_

Social Security No. or other patient identifier: \_\_\_\_\_

On \_\_\_\_\_ (insert date), you submitted a request for access to protected health information (PHI). Hillsborough County may not be able to respond to your request within the 60-day period. As allowed by law, we are providing this written statement of our exercise of an extension of time to respond to your request. This extension allows Hillsborough County up to 30 additional days to respond to the request for access to PHI.

Reason for delay: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date response will be provided: \_\_\_\_\_

Original signature of Hillsborough  
County Compliance Officer: \_\_\_\_\_

Date signed: \_\_\_\_\_